S

	age# 13931120073				
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	of the	FOR LINE NUMBER: PAGE 52 OF 90 (check only one) X 17	
	y information copied from such Reports and Statem for commercial purposes, other than using the name			person for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) Graves for Congress				
Α.	Full Name (Last, First, Middle Initial) Aristotle International Inc.			Date of Disbursement	
	Mailing Address 2285 Peachtree Road NE Suite 210			01 06 2015	
	City State Zip Code Atlanta GA 30309-1121		Amount of Each Disbursement this Period		
	Purpose of Disbursement License Fee 000 Candidate Name			600 Transaction ID : B-E-23252	
	Office Sought: House Disburseme Senate P	ent For: 2016 rimary General bther (specify)	Category/ Type		
	State: District: Full Name (Last, First, Middle Initial)				
В.	LIMR Vica			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City State Zip Code Kansas City MO 64106-2202			Amount of Each Disbursement this Period	
	Purpose of Disbursement Credit Card Payment			121.82	
	Candidate Name				
	Senate X P	ent For: 2016 rimary General other (specify)		Original vendors exceeding reporting threshold item as memo transactions.	
	State: District: Full Name (Last, First, Middle Initial)				
C.	Marriott Hotel - KCI Airport			Date of Disbursement	
	Mailing Address 775 Brasilia Avenue			02 / D D / Y Y Y Y Y 2015	
	City State Zip Code Kansas City MO 64153-1153			Amount of Each Disbursement this Period	
	Purpose of Disbursement Travel: Lodging Candidate Name			81.75 Transaction ID : B-S-22345	
	Senate P	ent For: 2016 rimary General other (specify)	Туре	[MEMO ITEM] Subitemization of UMB Visa(03/16/15)	
	State: District:	· · · · · · · · · · · · · · · · · · ·			

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....